

To:
Specialized
Medical Vehicle
Providers
HMOs and Other
Managed Care
Programs

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

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Wisconsin Medicaid Now Reimburses for Two Additional Procedure Codes for Specialized Medical Vehicle Services

Effective for dates of service on and after January 1, 2005, Wisconsin Medicaid now reimburses for two additional procedure codes:

- T2005 (Non-emergency transportation; stretcher van).
- T2049 (Non-emergency transportation; stretcher van, mileage; per mile).

Attachments 1 and 2 of this *Wisconsin Medicaid and BadgerCare Update* contain tables that list the procedure codes, modifiers, modifier descriptions, and maximum allowable fees for specialized medical vehicle services performed on and after January 1, 2005.

Two Procedure Codes Added

Effective for dates of service on and after January 1, 2005, Wisconsin Medicaid now reimburses for two additional procedure codes:

- T2005 (Non-emergency transportation; stretcher van).
- T2049 (Non-emergency transportation; stretcher van, mileage; per mile).

These procedure codes may be used only when transporting recipients by cot or stretcher. Providers are reminded to use the appropriate

procedure code that best describes the service performed.

The same prior authorization (PA) requirements apply to procedure code T2049 as procedure code S0209 (Wheelchair van, mileage, per mile). Refer to specialized medical vehicle (SMV) publications for detailed coverage policies on transportation by cot or stretcher, PA information, and other SMV policies.

Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* contains a table that lists the procedure codes (including the two new procedure codes), modifiers, and maximum allowable fees for SMV services performed on and after January 1, 2005.

Attachment 2 contains tables that list the trip modifiers and additional modifiers for SMV services, along with the modifier descriptions.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

ATTACHMENT 1

Procedure Codes, Modifiers, and Maximum Allowable Fees for Specialized Medical Vehicle Services

The following table lists the procedure codes, modifiers, and maximum allowable fees for specialized medical vehicle (SMV) services performed on and after January 1, 2005. Refer to Attachment 2 of this *Wisconsin Medicaid and BadgerCare Update* for modifier descriptions.

HCPCS* Procedure Code	Description	Valid Modifiers for Procedure Code					Maximum Allowable Fee
		Trip Modifiers	Rural County Trip Modifier	Discharge Modifiers	Unloaded Mileage Modifier	Multiple Carry Modifier	
A0130	Non-emergency transportation: wheelchair van [includes the first five miles]	U1, U2, U3, U4, U5, U6	TN	HR, NR	Not Required		\$11.87
						TK	\$10.09
A0170**	Transportation ancillary: parking fees, tolls, other [waiting time per hour]	U1, U2, U3, U4, U5, U6	Not Required	Not Required	Not Required	Not Required	\$4.57
S0209	Wheelchair van, mileage, per mile	U1, U2, U3, U4, U5, U6	TN	HR, NR			\$1.25
						TK	\$1.06
					TP		\$0.46
T2001	Non-emergency transportation: patient attendant/escort [per trip]	U1, U2, U3, U4, U5, U6	Not Required	Not Required	Not Required	Not Required	\$8.00
T2005	Non-emergency transportation; stretcher van [includes the first five miles]	U1, U2, U3, U4, U5, U6	TN	HR, NR	Not Required		\$35.00
						TK	\$30.00
T2049	Non-emergency transportation; stretcher van, mileage; per mile	U1, U2, U3, U4, U5, U6	TN	HR, NR			\$1.25
						TK	\$1.06
					TP		\$0.46

*HCPCS = Healthcare Common Procedure Coding System.

**This code is for waiting time only.

ATTACHMENT 2

Modifiers for Specialized Medical Vehicle Services

The following tables list the nationally recognized modifiers and descriptions for specialized medical vehicle services.

Trip Modifiers	
National Modifier	Wisconsin Medicaid Modifier Description for Specialized Medical Vehicle Services
U1	First or only trip
U2	Second trip
U3	Third trip
U4	Fourth trip
U5	Fifth trip
U6	Sixth trip

Additional Modifiers for Specialized Medical Vehicle Services	
National Modifier	National Modifier Description
TK	Extra patient or passenger, non-ambulance
TP	Medical transport, unloaded vehicle
HR	Hospital discharge
NR	Nursing home discharge
TN	Rural/outside providers' customary service area